

**STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Health Resources Division**

**Agreement for Participation
as a
Primary Care Provider
in the
Montana Medicaid Passport To Health
and
Team Care Programs**

This Passport To Health provider agreement is entered into by the Montana Department of Public Health and Human Services (the "Department") and

(Enter Name of Solo Passport Provider OR Group Passport Provider)
(the "Primary Care Provider" or "PCP")

Contract Effective Through 6/30/11

Section I. General Statement of Purpose and Intent

The Department contracts with primary care providers participating in the Montana Medicaid Program to provide primary care and management of other health care needs, through appropriate referral and authorization of certain Medicaid services, for recipients who may select or be assigned to the contracting providers. This agreement describes the terms and conditions under which the agreement is made and the responsibilities of the parties thereto. This agreement is supplementary to the terms of participation in the provider's Medicaid enrollment form.

Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in Medicaid, should contact the Montana Department of Public Health and Human Services through:

Passport To Health Program
Provider Relations Unit
PO Box 4936
Helena, MT 59604

Phone number	(800) 624-3958
Helena phone number	(406) 442-1837
Fax number	(406) 442-4402

Section II. General Statement of Law

The Montana Medicaid Passport To Health Program is a Primary Care Case Management (PCCM) system implemented pursuant to a waiver granted by the Secretary, U.S. Department of Health and Human Services, in accordance with Title XIX of the Social Security Act, and is subject to the laws of the State of Montana and the regulations of the Montana Medicaid Program. This agreement shall be construed as supplementary to the usual provider participation agreement entered into by providers participating in the Medicaid Program, and all provisions of that agreement (except to the extent superseded by the specific terms of the Passport supplementary agreement) shall remain in full force and effect. The provider agrees to abide by all existing laws, regulations, rules, and procedures

pursuant to the Passport To Health Program and Medicaid participation including Title VI of the Civil Rights Acts of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the Americans with Disabilities Act.

Section III. Definitions

"Authorize" or "PCP Approval" means the approval by a Passport or Team Care primary care provider for the delivery to an enrollee by another Medicaid provider of a Medicaid service that requires Passport approval. Authorization includes the provision of the provider's Passport number to the treating provider. The primary care provider shall establish the parameters of the authorization. Authorization may be done verbally or in writing. The treating provider will not be reimbursed by Medicaid for a service for an enrollee without the correct Passport provider number if the Medicaid service requires Passport approval.

"Clinic" means a federally qualified health center, a rural health clinic, Indian Health Service clinic (IHS), or any other clinic that can meet the requirements of this agreement and can enroll as a Medicaid provider.

"Emergency" means those services which are required to evaluate and stabilize a medical condition manifested by acute symptoms of sufficient severity (including pain) such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or the unborn child) in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part. A prudent layperson is a person with average knowledge of health and medicine. A list of emergency diagnosis codes is available on the Montana Medicaid Provider Information website at www.mtmedicaid.org.

"Enrollee" means a Medicaid recipient who is eligible for Passport and who has chosen or been assigned a primary care provider.

"EPSDT" means early and periodic screening, diagnostic, and treatment services. Screening services are required in four areas: medical, vision, dental and hearing.

"Group Passport Provider" means a Passport or Team Care provider will be enrolled in the Program as having one or more Medicaid providers practicing under one Passport number. The Group name will be listed as the recipient's Passport provider. The participating providers are responsible for managing the caseload. Case management fees will be paid as a group under the group's Passport number, separate from the fee-for service reimbursement.

"Lock-in pharmacy" means a pharmacy to which a Team Care client has been restricted. Team Care clients are required to receive all Medicaid payable prescriptions from this pharmacy. No other pharmacy will be reimbursed by Medicaid to fill these prescriptions unless prior approved by the Department.

"Medicaid" means the Montana Medicaid Program.

"Mid-Level Practitioners" means physician assistants licensed to practice medicine by the Montana Board of Medical Examiners and advanced practice registered nurses licensed to practice medicine by the Montana Board of Nursing. Advanced practice registered nurses are

nurse anesthetists, nurse practitioners, clinical nurse specialists and certified nurse midwives. Montana Medicaid applies the generic term “Mid-level Practitioner” to physician assistants and advanced practice nurses. (This excludes the direct entry midwives as they are not advanced practice certified nurses to practice by the Montana Board of Nursing.) Mid-level practitioners also include practitioners outside Montana who hold appropriate licenses in their own states.

“Nurse First Advice Line” is the Montana Medicaid toll free nurse advice line. This service is available to most Montana Medicaid clients. This line is operated 24 hours a day 7 days a week and is staffed by licensed, registered nurses. Medicaid clients are encouraged to call the nurse line anytime they are sick or hurt. The nurses ask questions about callers’ symptoms using clinically-based algorithms, then direct them to seek the appropriate level of services at the appropriate time. For Team Care clients, the Nurse First Advice Line will send a fax to the client’s PCP indicating what level of care was recommended.

“Passport to Health Program” or “the program” means the primary care case management (PCCM) program for Montana Medicaid recipients.

“Patient Management” or “case management” means directing and overseeing the delivery of Medicaid services that require Passport approval. Medical services that the primary care provider determines are necessary but cannot provide directly should be arranged (through referral) or authorized by the primary care provider.

“Primary Care” means medical care provided at the enrollee’s first point of contact with the health care system, except for emergencies. It includes treatment of illness and injury, health promotion and education, identification of individuals at special risk, early detection of serious disease, an emphasis on preventive health care, and referral to specialists when appropriate.

“Primary Care Provider (PCP)” means a physician, clinic, or mid-level practitioner other than a certified registered nurse anesthetist, who is responsible by agreement with the Department for providing primary care case management to enrollees in the Passport To Health and Team Care Programs.

“Primary Care Provider (PCP) Approval” see “Authorize.”

“Primary Care Case Management” or “Managed Care” means promoting the access to, coordination of, quality of, and appropriate use of medical care, and containing the costs of medical care by having an enrollee obtain certain medical care from and through a primary care provider.

“Recipient” or “client” means a person receiving Medicaid benefits.

“Solo Passport Provider” means a Passport provider will be enrolled in the Program as an individual provider with one Passport number. The Solo provider will be listed as the recipient’s Passport provider. The Solo provider will be responsible for managing his or her individual Passport caseload. Case management fees will be paid to the individual provider under the Solo provider’s Passport number, separate from fee-for-service reimbursement.

“Team Care Program” is part of the Passport to Health program. It is the Montana Medicaid managed care program for clients who have an unusually high usage of health care resources. All the rules of Passport To Health apply to Team Care unless stated otherwise.

“Team Care Clients” are clients who are in the Team Care program. These clients are restricted to one provider and one pharmacy. Team Care clients are also required to call the Nurse First Advice Line prior to accessing medical care, except in the case of an emergency. When a Team Care client calls the Nurse First Advice line, a fax will be sent to the Team Care provider indicating what recommendation the nurses made.

“Team Care Provider” see “Primary Care Provider”. A Team Care provider is a Passport provider with Team Care clients. For general purposes the term Passport provider or PCP will be used to describe a Team Care provider.

“Treating Provider” means the non-Passport provider.

Section IV. Responsibilities of the PCP:

1. Requirements to Provide Primary Care and Patient Management:

- A. Be a Montana Medicaid enrolled provider.
- B. Comply with all applicable Federal and State laws and regulations.
- C. Agree to practice the provisions in, and sign the Agreement for Participation as, a Primary Care Provider in the Montana Medicaid Passport To Health Program, which includes policy and information outlined in the *Passport To Health Provider Handbook*.
- D. Meet the general requirements listed in the *Provider Requirements* chapter and the *Passport Section* of the *General Information For Providers Manual*.
- E. Provide services to meet the basic medical needs of eligible recipients and provide those services within the parameters of accepted medical practice, within the scope of practice, and code of ethics of the provider’s license.
- F. Do not use discriminatory practices against recipients eligible to enroll or use any policy and/or practice that has the effect of discriminating based on protected classes and with regard to enrollees such as separate waiting rooms, separate appointment days, or preference to private pay patients.
- G. Do not discriminate in enrollment, disenrollment, and re-enrollment, based on the recipient’s health status or need for health care.
- H. Provide primary care and patient management services to each enrollee, in accordance with the provisions of this agreement, and render necessary service pursuant to the Medicaid Program's provider manuals governing the provision of services in the provider's particular setting.
- I. Provide for arrangements with, or referrals to, sufficient numbers of physicians and other practitioners to ensure that services under the agreement can be furnished to enrollees promptly and without compromise to quality of care.
- J. Provide an appropriate and confidential exchange of information among providers.
- K. Maintain a unified patient medical record for each enrollee. The PCP should request documentation of results of the referral for his or her patient to add to the patient’s medical record if the treating provider does not notify the PCP of results. Retain records in accordance with requirements of 45 CFR 74, 3 years after the final payment is made and all pending matters closed, plus additional time if an audit, litigation, or other legal action involving the records is started before or during the original 3 year period ends.
- L. Transfer the Passport enrollee's medical record to the enrollee's new PCP if requested in writing and authorized by the enrollee.

- M. Review enrollee utilization and cost reports provided by Medicaid and advise Medicaid of any errors, omissions, or discrepancies of which the provider may be aware.
- N. Provide, by law, interpreter services free of charge to recipients.
- O. Provide for evaluation of services performed, for Federal/State audits and reviews, and inspection of contractor records to assure quality, appropriateness or timeliness of services and reasonableness of costs.
- P. Provide or arrange for Well Child Check Ups, immunizations, EPSDT services and preventive health services for persons age 20 and under, in accordance with the Well Child, vision, dental and hearing periodicity schedules found in the *Physician Related Services provider manual*. The Department may conduct chart audits on the completeness of the EPSDT services provided. For expected components of the screen please see the *Physician Related Services provider manual*. Providers are expected to provide education and guidance in seeking EPSDT services along with coordination of care with referral sources.

2. Accept Appropriate Enrollees

- A. Follow Passport and Team Care policy and information outlined in the *Passport to Health Provider Handbook*
- B. Accept enrollees who choose the PCP themselves and those who are assigned randomly to the PCP, in the order in which recipients are enrolled, as long as enrollees meet the PCP-defined caseload limits and restrictions. The Department will assign recipients who fail to choose a PCP. The process takes into account county of residence, age, sex, historical and household usage, and PCP-defined caseload limits and restrictions: age, sex, current patients, family members as current patients, and provider defined case cap.
- C. Team Care clients may be assigned to a provider outside of the client's county of residence. The Department will gain approval from the PCP before assigning a Team Care client out of county.

3. Provide Appropriate Referrals and Keep Accurate Documentation

- A. Follow Passport and Team Care policy and information outlined in the *Passport to Health Provider Handbook*.
- B. Make and approve referrals when appropriate. Such referrals may be for services exempt from Passport approval. The provider to whom the enrollee is referred must be a Medicaid provider. The person making the approval must be a physician, mid-level practitioner, or registered nurse; approval may be communicated by office staff but may not originate with office staff. Educate and assist recipients in finding services that do not require Passport approval, such as family planning or pregnancy related care.
- C. Document in the enrollee's record all approvals for referrals made to other providers for Medicaid services that require Passport approval. This documentation may also be in a log containing all referral information. Documentation should include date of referral and service, limits, procedures and remarks.
- D. Provide patient management for all Medicaid services, specifically those Medicaid services that require Passport approval. Family planning and pregnancy-related services are specifically excluded from Passport patient management and may be obtained by the Passport enrollee from the provider of choice.
- E. For Team Care clients, the PCP should review the fax generated by the Nurse First Advice Line and use the information provided to assist in determining if medical care is necessary. When appropriate, Team Care providers should refer clients to another provider for care. However, a Team Care provider should closely manage referrals for Team Care clients as these clients have had difficulty establishing an effective medical home in the past.
- F. Educate Team Care clients regarding the appropriate use of the health care system.
- G. When appropriate write all prescriptions for Team Care clients to their Lock in Pharmacy.

4. Provide Suitable Coverage

- A. Follow Passport policy and information outlined in the *Passport to Health Provider Handbook*.
- B. Provide or arrange for suitable coverage for needed services, consultation, and approval of referrals during normal business hours including 24-hour availability of information, referral, and treatment for emergency medical conditions. This includes coverage during vacations, illnesses and all other absences.

5. Provide Directions and Education For Emergency Care

- A. Follow Passport policy and information outlined in the *Passport to Health Provider Handbook*.
- B. Passport providers must provide **direction** to patients in need of emergency care 24 hours each day, seven days a week. Acceptable coverage for this includes an answering service, call forwarding, provider on-call coverage, answering machine message or other appropriate method where at a minimum it is stated, "If this is an emergency, hang up and either call 911 or go to the emergency room."

6. Provide Acceptable Disenrollment and Termination Practices

- A. Follow Passport policy and information outlined in the *Passport To Health Provider Handbook*.
- B. A provider may disenroll or terminate the provider-patient relationship, in accordance with the provider's professional responsibility by providing 30 days written notice to the recipient and to the Department.
- C. The provider shall continue to provide patient management services for 30 days while the disenrollment is being completed. Only in certain circumstances will an exception be made to this rule. During this time the provider may either continue to treat the recipient or refer to another provider. Passport will assist the recipient in selecting a new PCP.

Section V. Responsibilities of the Department

1. The Department agrees to:

- A. Pay the case management fee each month to the PCP not later than the end of the month. The PCP does not need to bill for the case management fee.
- B. Provide the PCP with a list of his or her Passport and Team Care enrollees at the beginning of every month. The list will note whether an enrollee's Medicaid eligibility is confirmed as of the date the list was printed.
- C. Analyze utilization of services by enrollees to determine whether PCPs are providing patient management according to the standards of the Passport To Health Program.
- D. Provide the PCP with appropriate reports of utilization and costs for Medicaid services at such intervals as Medicaid may determine appropriate. Provide to any PCP upon request additional information considered appropriate relating to Medicaid utilization and costs for their enrollees.

Section VI. Reimbursement

1. The parties agree that the PCP shall be reimbursed as follows:

- A. Pay each PCP a case management fee for each enrollee of \$3.00 a month for Passport enrollees and \$6.00 a month for Team Care enrollees. The fee will be paid whether or not services were delivered to an enrollee that month. A case management fee will not be paid for an enrollee whose Medicaid eligibility was not confirmed as of the date the case management fee is issued. The PCP agrees to be paid case management fees in a separate check from the fee-for-service reimbursement check for Medicaid services. The PCP will be assigned a Passport provider number, separate from the Medicaid provider number, which will be used to indicate Passport approval.

- B. The Department provides an increased case management fee for Team Care clients. For the increased fee, the providers should closely manage their Team Care clients, provide client education on the appropriate use of medical services, and write prescriptions to the client's lock-in pharmacy. Team Care clients have had difficulty establishing a medical home and therefore require greater effort in case management.
- C. The monthly maximum enrollees that a provider will be reimbursed for shall not exceed 1000. For group practices this maximum shall not exceed 1000 per each participating PCP in the clinic.
- D. Reimburse the PCP for services in accordance with the fee-for-service or cost-based methods specified by regulation for each type of provider when the provider meets all Medicaid requirements found in Medicaid provider manuals listed on the provider information website: <http://www.mtmedicaid.org>.

Section VII. General Terms and Conditions

- 1. A new Passport agreement is required when a provider's Medicaid number changes. Providers must also notify Passport To Health of changes that include, but are not limited to, changes in provider caseload limits, address, phone number, fax number, ownership, and a change in provider participation under a Passport agreement.
- 2. If a provider is added to or terminated, when there are no other changes, to a group Passport agreement, send in a copy of the group agreement signature page with the provider information included as provided in Section VII.4.A.
- 3. Assignment of Enrollees:
 - A. Limits on number of enrollees per PCP:
 - i. No PCP may have enrolled more than 1,000 enrollees or the number specified by the PCP, whichever is less, except as provided in Section VII.3.A.iii.
 - ii. No clinic participating as a clinic (i.e. with assignments directly to the clinic) may have more than 1,000 enrollees times the number of full time equivalent primary care providers or the number specified by the clinic, whichever is less, except as provided in Section VII.3.A.iii. Interns and residents shall not be included in these calculations.
 - iii. The upper limits on enrollees may be waived by written agreement of the Department if the Department determines that the waiver is necessary to provide sufficient enrollee access to health care.
 - B. Passport Recipient Selection of Providers:
 - i. Recipients may choose a PCP from among participating PCPs in their normal health care delivery area.
 - ii. Recipients who do not choose a PCP will be assigned a PCP by the Department. The assignment to a PCP is based on historical claim or household provider usage if appropriate; to an Indian Health Service (IHS) in a county with an IHS if the recipient is a self-declared Native American; or randomly if appropriate to an available PCP by rotating assignment to participating PCPs who are accepting new enrollees in the recipient's county of residence, which is a delivery site that is within a reasonable time using available and affordable modes of transportation.
 - iii. Recipients shall be permitted to change PCPs upon request up to once per month, using established procedures.
 - iv. The PCP may request removal of a recipient from the provider's Passport caseload as described in Section IV.6.
- C. Team Care Recipient Selection of Providers:
 - i. Team Care clients are allowed 10 days to select a PCP and pharmacy.

- ii. Team Care clients who do not select a PCP or pharmacy will be assigned one by the Department. Assignment for most clients mirrors assignment for Passport clients. For clients referred to the program by either a provider or the Drug Utilization Review board assignment may be based on coordination with the providers and the Department.
 - iii. Team Care recipients will be permitted to request a change of their PCP. All changes must be approved by the Department
 - iv. The PCP may request removal of a recipient from the provider's caseload as described in Section IV.6.
4. Participation of Persons Employed by Physicians or Clinics:
- A. Each physician and mid-level practitioner employed by a clinic or a physician, who will be participating as a Passport PCP, must co-sign the Passport agreement, whereby the employee agrees to provide Passport patient management services under the terms and conditions of this agreement in its entirety. The clinic or physician understands and agrees that no employee may function as a Passport PCP if such employee is not a party to the Passport agreement.

Section XIII. Termination From Participation

- 1. This agreement may be terminated by either party upon 30 days written notice except as noted in Section IV.6. The 30 days will allow enrollees time to select another PCP. The termination becomes effective on the first day of the month following 30 days from the date of the notice.
- 2. This agreement terminates immediately upon the death of the PCP, sale of the PCP's practice, termination of status as a participating provider in Medicaid, or other sudden onset of a circumstance that prevents the PCP from fulfilling the conditions of this agreement.
- 3. If agreement is terminated the PCP will supply all information necessary for reimbursement of outstanding Medicaid claims.
- 4. The Department may terminate the agreement immediately upon written notice to the PCP when such termination is considered to be in Medicaid's best interest to assure the continuation of necessary and appropriate service to Medicaid recipients.
- 5. Any PCP terminated from Passport participation by the Department for any reason shall have available any rights of review and appeal otherwise provided for by law.
- 6. Clinics or physicians with employees participating as Passport PCPs shall be required to notify Medicaid within 30 days whenever an employee who has co-signed a Passport agreement leaves the employment of the clinic or physician, or the employee is no longer willing or able to function as a PCP. If this change would reduce the clinic's or physician's upper limit on enrollees to less than the current number of enrollees, the clinic or physician will be allowed up to ninety days from the date of loss of employee's services to secure additional staff. If additional staff is not secured, reassignment will proceed as necessary in whatever manner is deemed most appropriate by Medicaid.
- 7. This agreement may not be transferred.

Section IX. Scope, Amendment and Interpretation of Agreement

- 1. This agreement consists of 11 numbered pages. This is the entire agreement between the parties.
- 2. No statements, promises, or inducements made by either party or their agents are valid or binding if not contained herein.
- 3. No provisions from a prior agreement of the parties are valid or binding in this agreement.
- 4. In the event of a dispute as to the duties and responsibilities of the parties under this agreement, the terms the State's policy manuals governing the administration of the Medicaid program (See ARM 37.82.101) and the provider agreement govern over this agreement.

5. If any provision of this agreement is determined by a court of law to be invalid, all other provisions of this agreement remain in effect and are valid and binding on the parties.
6. If any provision of this agreement, per se or as applied, is determined by the Department to be in conflict with any federal or state law or regulation then the provision is inoperative to the extent that the Department determines it is in conflict with that authority and the provision is to be considered modified to the extent the Department determines necessary to conform with that authority.
7. Waiver of any default, breach or failure to perform under this agreement is not deemed to be a waiver of any subsequent default, breach or failure of performance. In addition, waiver of any default, breach or failure to perform is not construed to be a modification of the terms of this agreement unless reduced to writing as an amendment to this agreement.

Section X. Choice of Law, Remedies and Venue

1. This agreement is governed by the laws of the State of Montana.
2. In the event of litigation concerning this agreement, venue must be in the First Judicial District in and for the County of Lewis and Clark, State of Montana.

1. **Complete and sign Section XI.** Make a copy for your records and send completed Section XI. to:

Passport to Health
Provider Relations
PO Box 4936
Helena, MT 59604

Phone number	(800) 624-3958
Helena phone number	(406) 442-1837
Fax number	(406) 442-4402

Section XI. Passport Provider Enrollment and Signature Information

1. Select Solo Passport Provider or Group Passport Provider Type:

_____ **Solo Passport Provider** - A Solo Passport provider will be enrolled in the Program as an individual provider with one Passport number. The Solo provider will be listed as the recipient's Passport provider. The Solo provider will be responsible for managing his or her individual Passport caseload. Case management fees will be paid to the individual provider under the Solo provider's Passport number, separate from fee-for-service reimbursement.

or

_____ **Group Passport Provider** – A Group Passport provider will be enrolled in the Program as having one or more Medicaid providers practicing under one Passport number. The Group name will be listed as the recipient's Passport provider. The participating providers will sign the Group signature page and be responsible for managing the caseload. Case management fees will be paid as a group under the group's Passport number, separate from the fee-for-service reimbursement. Please check one of the categories below that describes the kind of Group Passport practice:

_____ Private Group Clinic
_____ Rural Health Clinic
_____ Federally Qualified Health Center
_____ Indian Health Service (IHS)

2. The Passport Provider's specialty is:

_____ Family practice
_____ Internal medicine
_____ Obstetrics/gynecology
_____ Pediatrics
_____ General Practice (Could include any above combination)
_____ Other _____

3. Complete the following Passport provider enrollment information.

Passport Provider Name

Street Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Office Telephone Number

Fax Number

After Hours Phone Number

4. Solo Passport Provider and Group Passport Provider Signature(s)

Signature of Authorized Contact Representative for Provider

Date Signed _____

(All PCPs within a Group Passport Provider must sign.)

Each physician and mid-level practitioner employed by a clinic or a physician, who will be participating as a Passport PCP, must co-sign the Passport agreement, whereby the employee agrees to provide Passport patient management services under the terms and conditions of this agreement in its entirety. The clinic or physician understands and agrees that no employee may function as a Passport PCP if such employee is not a party to the Passport agreement.

[illegible]

«PCP_Name»
Passport Provider Caseload Management

The following questions will be used to help you manage your caseload. The information you provide is not part of the Passport to Health contract and can be changed anytime by contacting ACS Provider Relations. This information will be used to assure you receive the clients who are most appropriate for your practice. Information such as hours of operation and location information will be provided to clients to allow them to choose a PCP who best meets their needs. You cannot limit/ restrict your caseload in a manner that results in discrimination of a protected class.

1. The PCP agrees to accept the following number of clients:

_____ Choose up to 1000. Groups can have 1,000 clients per provider.

**2. The PCP agrees to accept the following PASSPORT clients:
(Check all that apply.)**

_____ Any clients
_____ Accept current patients and family only¹
_____ Accept current patients only¹
_____ Accept pregnant females only
_____ Clients who call my office before choosing²

Ages:

_____ All ages
_____ Only under age _____
_____ Only over age _____

Sex:

_____ Female
_____ Male

3. The PCP's regular business hours are:

_____ to _____ Sunday
_____ to _____ Monday
_____ to _____ Tuesday
_____ to _____ Wednesday
_____ to _____ Thursday
_____ to _____ Friday
_____ to _____ Saturday

¹ Passport and Team Care clients will be notified that PCP is only accepting current patients. The Department will send a list to the PCP of those clients who have requested the PCP. PCP must review and return the list indicating which clients are current patients. This will not limit the PCP from accepting new clients.

² Passport and Team Care clients will be notified to call the PCP's office before choosing the PCP.

4. The PCP agrees to accept the clients within the following locations:

_____	no location restrictions
_____	entire county (e.g. all Gallatin County residents)
_____	city limits only (e.g. Bozeman residents only)
_____	other ³ _____

5. Please list the clients who have been discharged from your practice. The Department will use this information to assure these clients will not be assigned to your caseload. (attach additional pages if needed)

_____	_____
_____	_____
_____	_____
_____	_____

6. List languages (other than English) that are spoken at your office.

_____	_____
_____	_____

³ Restricting clients by location cannot discriminate against any protected classes. The Department must approve any location restrictions which might appear to be discriminatory.